

PL IC VOUCHER FOR PURCHASES AND
SERVICES OTHER THAN PERSONAL

D. O. Vou. No. _____
Bu. Vou. No. 263

U. S. COST REIMBURSABLE
(Department, bureau, or establishment)

Voucher prepared at _____
(Give place and date)

THE UNITED STATES, Dr., Payee's Account No. 1016

To _____
(Payee)

PAID BY
SAPC 65-05
COPY 1 OF 3

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary) Discount Terms	QUANTITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		Costs				6,366	83
Total						\$6,366	83

PAYMENT:

Complete ☐
Partial ☐
Final ☐

Use continuation sheet(s) if necessary

Shipped from _____ to _____ Weight _____ Government B/L No. _____

I certify that the above bill is correct and just and that payment has not been received.

(Payee must NOT use this space)

Differences _____
Amount verified; correct for 6,366 83
(Signature or initials) _____

STATINTL

(Sign original only)

Date _____

Contract No. A101 Date _____ Reg. No. _____ Date _____ Invoice Rec'd. _____

Pursuant to authority vested in me, I certify that this account is correct and proper for payment.

† Approve _____ (Authorized Certifying Officer) 5/28/56 STATINTL

By _____ Title _____

Contracting Officer

Title _____ STATINTL Date _____

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

Approving Officer

STATINTL

Paid by { Check No. _____ dated _____, 19____, for \$ _____ } on Treasurer of the United States in favor of payee named above.
Cash, \$ _____, on _____, 19____ Payee _____
(Sign original only)

* When a voucher is signed or receipted in the name of a company or corporation, the name of the person writing the company or corporation must be stated in the space provided for the signature of the person writing the voucher.
† If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign on the line below "Approved for \$ _____", and over his official title.

Title _____

STATINTL

Approved For Release 2002/06/10 : CIA-RDP64-00360R000400090051-3

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ACCOUNTS PAID REPORTS

☐ DIVISIONAL DETAIL ACCOUNTS PAID JOURNAL☐ DIVISIONAL SUMMARY ACCOUNTS PAID JOURNAL☐ CONSOLIDATED ACCOUNTS PAID DISTRIBUTIONDATE
REPORT NO. PAGE

COST CENTER			DATE			CHECK NUMBER	PAYEE'S (ABBREV.) NAME	PURCHASE ORDER OR INVOICE NUMBER	RECEIVING REPORT NUMBER	C.E. CODE	CHARGE DISTRIBUTION				DISTRIBUTION AMOUNT
MAJ	INT	SUB	MO	DAY	YR						ACCOUNT	M.J.O.	S.O.	WORK ORDER	
2222	0000	0000	04	16	66	224148	THOMP PROD	517718	205226	55	127000	50224			108
2222	0000	0000	04	16	66	224148	THOMP PROD	517718	205226	55	127000	50224			108
2222	0000	0000	04	17	66	24282	GLIDE EASY	517744	218336	55	127000	50224			108
2222	0000	0000	04	17	66	24282	GLIDE EASY	517744	218336	55	127000	50224			108